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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

None DM

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None DM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY WV	SHEETS DRAWING 7	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Signature: <i>D. Malama</i> Initials:				

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## TITLE

Electric stimulation for treating neuropathy using asymmetric biphasic signals

FILING FEE  RECEIVED 468	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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